The White House Conference on Handicapped Individuals

EDUCATIONAL CONCERNS

State White House Conference Workbook

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The White House Conference on Handicapped Individuals

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Dear State White House Conference Delegates:

It is with admiration and appreciation that we welcome your participation in this State White House Conference.

From the beginning of White House Conference activities, we have placed great importance on the deliberations of State Conferences.

The recommendations emanating from your Conference will form the basis of actions at the White House Conference itself.

We encourage each delegate to use this Conference to impact in new ways on State and local governments, the private sector and the Federal Government to bring greater independence, dignity and full participation into community life for all mentally and physically handicapped individuals.

We wish you great success in an endeavor that will benefit handicapped individuals for years to come.

Sincerely,

Henry Viscardi

Dr. Henry Viscardi, Jr.
Chairman, National Planning
and Advisory Council

Jack F. Smith

Jack F. Smith
Executive Director

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OVERVIEW
THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

The mission of the White House Conference on Handicapped Individuals is comprised of three goals:

-- to provide a national assessment of problems and potentials of individuals with mental or physical handicaps;

-- to generate a national awareness of these problems and potentials; and

-- to make recommendations to the President and Congress which, if implemented, will enable individuals with handicaps to live their lives independently, with dignity, and with full participation in community life to the greatest degree possible.

The White House Conference on Handicapped Individuals was authorized with the passage of Public Law 93-516. Title III of that law stated that there were some "seven million children and at least twenty-eight million adults with mental or physical handicaps," and that "it is of critical importance to this Nation that equality of opportunity, equal access to all aspects of society and equal rights guaranteed by the Constitution of the United States be provided to all individuals with handicaps."

Toward that end, the President was authorized to call a White House Conference which would "develop recommendations and stimulate a national assessment of problems, and solutions to such problems, facing individuals with handicaps." Announcement of the Conference was made by the President on November 22, 1975, with the date for the National Conference set for December 1976, and then changed to May 1977.

The result of the White House Conference should be new advances by and for handicapped individuals, with this movement picking up momentum following the publishing of recommendations. If the recommendations and implementation plan are to be instrumental in generating that momentum, they must emerge as a consensus from a broad base of support. The purpose of the National Conference is to become a focal point for such a consensus.

For the National Conference to be successful, it must be representative of the same base of support which is needed later in carrying forward the recommendations. First, it is especially critical that the energies and ideas of handicapped people be engaged. At least 50 percent of the State delegates to the White House Conference will be handicapped, and 25 percent, parents or guardians of handicapped individuals. Professionals who provide services and others from business, labor and government who are interested in the problems of the handicapped will attend.

The criterion for a successful Conference also includes the opportunity for free participation by the delegates. At the same time the deliberations must be focused on what already has been defined as key issues.

To meet the goal of national awareness, the Conference and the issues must have good public visibility. Since the National Conference is necessarily limited in the number who can participate, it is well to include as many interested individuals as possible in defining the issues and providing the preliminary national assessment leading up to the National Conference.

Among the ways to secure this greater involvement and to channel needs and recommendations on issues to the delegates at the National Conference is through meetings at the state and local levels. This approach will also assure that attention is drawn to the actions that can be taken at the local and state levels to assist handicapped people in meeting their goals. The White House Conference activity should focus on recommendations for action by all sectors at all levels of national life, and not just by the Federal Government.

Our strategy, then, is to encourage the sponsorship, locally, of forums at which primarily handicapped individuals can introduce their views into the Conference process. At the state level (including the District of Columbia and the territories), preliminary White House Conferences will be held as intended by Congress. Reports of findings from both these types of events will be channeled into the National Conference for review and discussion prior to final recommendations.

In order to assure that local and state reports lend themselves to summarization for National Conference delegates and for the final report, a standard format has been developed for reporting. In addition, "awareness papers" have been written by experts in the field and given to leaders of State Conferences. Five broad areas cited by Congress are covered: health, educational, social, economic, and special concerns. These papers have initiated work on the national assessment goal. They define the barriers faced by people with

various handicaps and review what we already know about how those barriers can be overcome or minimized.

To get the kind of involvement necessary to generate national awareness foreseen in the Conference goals, we will enlist every major national organization and government agency to take an active part in the Conference activities before, during, and after the National Conference itself. Members of Congress and their staffs will also be involved to maintain their support.

In support of all these activities, and overlaying them in pursuit of the national awareness goal, will be a public affairs program.

With sufficient administrative support, we believe this strategy can be implemented and will be successful in creating the climate and the specific steps necessary to enable handicapped individuals to realize their potentials as contributors to American life.

The final White House Conference report to the President will offer very specific solutions to problems facing individuals with handicaps, and an implementation plan to the President and Congress will insure follow-up of Conference recommendations.

DEFINITIONS

1. Alternate -- An appointee from a State as an observer to the National White House Conference who may, at the appointment of the State White House Conference Director, fill a vacancy as an official delegate when an official delegate is unable to attend.

2. Awareness Paper -- Topical material, applicable to an assigned subject area, researched and organized in order to establish the foundations for informed Conference discussion and resolution of the vital issues affecting all handicapped persons at the local, State and National levels.

3. Conference Plan -- The three major goals of the Conference and the objectives and strategies necessary in order to achieve these goals.

4. Consumer -- A handicapped individual or a parent, guardian, sibling, or spouse of a handicapped individual.

5. Delegate -- A representative to the Conference who is the only Conference participant to hold voting privileges.

6. Delegation -- A group of Conference delegates selected to represent other individuals at the National Conference.

7. Goal -- A long-range objective or target stated in broad, general terms.

8. Grant Application -- Forms provided by the White House Conference to the states which must be submitted for all grants awarded under Title III, White House Conference on Handicapped Individuals Act.

9. Handicapped Individual- Any person who a) has a physical or mental impairment which substantially limits one or more of such person's major life activities; b) has a record of such an impairment; or c) is regarded as having such an impairment.

10. Issue -- A question - resolvable in two or more ways - formulated for the purpose of determining what broad policy or action should be taken to move toward a specific, goal-oriented objective.

11. Level of Participation- Includes, but not necessarily limited to: 1) delegates; 2) observers.

12. Local Forum -- A public meeting, radio program or television program involving open audience discussion related to the problems and potentials of physically and mentally handicapped individuals and suggested solutions to those problems, the results of which to be channeled into the State and/or National Conferences for review and discussion prior to final recommendations.

13. National Conference -- A meeting of official delegates from each state, members of the National Planning and Advisory Council, delegates-at-large, and observers, for the purpose of discussing the issues, developing and refining recommendations and plans for action to be made to the President and Congress, which, if implemented, will enable individuals with handicaps to live their lives independently, with dignity, and with full participation in community life to the greatest degree possible.

14. National Planning and Advisory Council -- A Council appointed by the Secretary of Health, Education, and Welfare composed of 28 members, of whom not less than ten shall be individuals with handicaps appointed to represent all individuals with handicaps,

and five shall be parents of individuals with handicaps appointed to represent all such parents and individuals, to provide guidance and planning for the Conference.

15. Observer -- A person identified as holding some special interest in the work and objectives of the Conference who may attend the Conference, but is nonvoting and nonparticipating.

16. Program Guidelines -- A set of focused, strategically feasible principles and plans for action to provide directions for Conference activities.

17. Recommendation -- A proposal for specific action designed to implement policies and to move toward goals.

18. State -- Includes the several States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

19. State Conference -- A formal meeting to interchange views among individuals with handicaps; members of their families; representatives of Federal, State and local governments; professional experts; and members of the general public recognized by individuals with physical or mental handicaps as having knowledge about problems affecting their lives, for the purpose of considering all issues related to the mission of the Conference, and shall be required to address specific issues as outlined by the White House Conference on Handicapped Individuals.

20. State Director of White House Conference Activities -- The person(s) appointed by the Governor to direct and coordinate White House Conference activities at the State level.

21. State Grant -- Sum appropriated by Public Law 93-516 to be made available to each State through the Secretary of Health, Education, and Welfare, upon application of the chief executive, in order to assist in meeting the costs of that State's participation in the Conference program, including the conduct of at least one Conference within each such State.

22. White House Conference on Handicapped Individuals -- Authorized, by Public Law 93-516, as a joint effort between the Federal Government and the States and their citizens to develop recommendations and stimulate a national assessment of problems, and solutions to such problems, facing individuals with physical or mental handicaps.

23. White House Conference Program -- All activities at the local and State levels, related to the overall goals of the Conference, the results of which may be channeled into the National Conference for review and discussion prior to final recommendations.

ROLES AND RESPONSIBILITIES OF DELEGATES TO THE STATE CONFERENCES

State Conferences must address and propose recommendations for at least two issues (see Section F, Summaries of Awareness Papers and Issues) for each of the 25 Conference topics (see Section E, White House Conference Topics).

What is an issue?

An issue is defined by the White House Conference as:

> "A question--resolvable in two or more ways-- formulated for the purpose of determining what broad policy or action should be taken to move toward a specific, goal-oriented objective."

This is the formal definition of an issue. But what does that mean to you, as a State Conference delegate, in the generation of issues and the subsequent recommendations which will follow these issues? It will be the purpose of this paper to help you learn the format for formulating issues and resolutions because, if you do so, you will assure that your state has been adequately represented in formulating the National White House Conference agenda.

How does that work? Remember that the agenda of the National Conference is based on the issues and the resolutions submitted by the States.. When your State's Conference report is submitted to the White House Conference (within 30 days after completion of the Conference(s)), the staff members will take it apart, issue by issue, and synthesize it with all other State inputs to reduce it to the fewest common issues, plus all the unique issues that arise. The National Conference agenda will then be composed of meetings which will consider all these issues and their recommendations, and the National DELEGATES will vote on which issues and which recommendations should be addressed in the final implementation plan of the Conference. So, to assure that your State's input is adequately handled, it is extremely important that your issues and your recommendations be clearly understood, and consistent in format to the reports of issues from other States. If they are not, the information could be misunderstood, misinterpreted, and misplaced.

An issue might look like the following

> In a time of competition for scarce public funds, what innovative approaches can be taken by education administrators to assure maximum utilization of available dollars?

What makes this a good issue? It is open ended. You should be able to think of at least two good answers. You will probably be able to think of clue words that could suggest whole implementation strategies, clue words such as "monitoring systems," "voucher systems," "management training," "parent monitoring," "cost benefit studies," "legislative lobbying," etc., etc. The issue should be, in fact, a stimulus for brainstorming because it is so open ended.

And notice that the answers, which you brainstorm as clue words, are broad--they encompass many actions--they suggest systems that will produce measurable results. That also makes it a good issue, because the clue words and thoughts stimulated by the question imply broad actions that should be taken to move toward a goal-oriented action.

What is a goal-oriented action? In the above issue, that goal-oriented action is easily inferred--the goal is to secure more public funds for more services of education to handicapped individuals through increased efficiency. You can probably measure that, you know, by counting dollars and individuals served through education.

So, the issue is good because:

(a) it succinctly restates the problems (this is optional, but a good idea when possible),
(b) it obviously has more than one answer,
(c) the answers to the question have to be broad and far reaching, and
(d) the answers will result in a goal which is suggested by the issue.

What are some of the problems in formulating issues?

In some instances new issues will be formulated. A common error in developing issues is to ask a question that only has a "yes" or "no" answer. "Should the Bureau of Education for the Handicapped regulate the placement of children in special education program?" is not a good issue, because it can only be answered by "yes" or "no." That could be restated as: "Given that many children are misplaced in special education classrooms, what mechanisms can be instituted which will assure appropriate placement of each handicapped child in a special education program?"

Likewise, an issue is not good if it is too specific or narrow. A bad example: "What activities can the Handicapped Children's Early Education Program of the Bureau of Education for the Handicapped initiate that will promote further spread of curriculum for Early Education programs"? This asks a question that has definite limits, legislative and fiscal limits, only addresses one agency, and only works with a selected small target group. It would be better if the issue were phrased as: "Since the number of pre-school handicapped children served is significantly small, what actions or policies can be taken which will stimulate the growth of early intervention programs for this population?" You can see that the "good" issue will certainly provoke more innovative answers, with broader implications, than the "bad" issue.

All of these good issues also suggest goals and objectives, appropriate placement of greater numbers of children, and growth of early intervention programs. Practice formulating issues. Give yourself a problem, and then formulate an issue. You will soon find that issue making is not easy--but necessary--before you are through with your task.

But what about recommendations? The important thing to remember about recommendations is that they should, absolutely, irrevocably, and ineradicably, SUGGEST A PLAN OF ACTION IN CLEAR TERMS.

The reporting form asks States the level of agency that your recommendation will affect: Federal, state, local or private. Interpret this as the level(s) of agencies that will MOST IMMEDIATELY be affected by your recommendation. If your recommendation for stimulating growth of early childhood programs is one of intensive research at the university level, mark "private." If the recommendation is for a national information campaign, mark "federal." Or if more than one level is suggested, mark any or all that are appropriate.

The question about the disability(ies) affected is self-evident, and should need no explanation.

But then you are faced with formulating the recommendation. How do you develop a solution? As clearly, definitively, detailed and succinctly as possible. The easiest and best way to write a recommendation is to follow the reporters' code--Who, What, Why and How:

* Who should implement action toward the goal?
* What actions should be taken to reach this goal? (notice the plural of the word action)
* Why is this action superior to others and why should it be done this way? Sometimes this statement comes first.
* How should these actions be started, and by what time schedule?

As an example, assume you want to recommend that a public media campaign be used to stimulate growth of early childhood programs. You will develop a broad statement of your recommendation as the "Solution." Specific action steps to be taken would be presented as the implementation plan.

Solution: Growth of early intervention programs for handicapped children appears to be limited by general lack of knowledge about the benefits, as well as the methods of such procedures. Therefore, it is recommended that a wide-scale media campaign be mounted which will impart the information on human and cost benefits of early intervention projects to all taxpayers and attempt to influence their support of further growth. Such a campaign should depict successful projects of early childhood intervention and demonstrate the increased ability of handicapped children to cope as a result of early intervention.

Implementation Plan: The Bureau of Education for the Handicapped, through funds earmarked for Early Childhood Intervention Programs for the Handicapped, should award a contract for a public media campaign to impart information about the benefits and methods of establishing pre-school early intervention programs. Although such a program could involve state and local education information dissemination agencies, it is felt that a national effort is necessary to insure the rapid growth of programs and to reach more persons who will eventually have to decide on fiscal support.

Since funds already exist for activities like this in the Bureau of Education for the Handicapped, it is recommended that a contract for this work be awarded by January 1978 and that the campaign be mounted before the end of the 1977-78 school year. Such a campaign should utilize both print and nonprint media, with heavy saturation.

At the end of 1978, all state school systems and identifiable private service systems should be surveyed to ascertain growth of numbers of pre-school intervention programs.

That is a recommendation, broken into a "solution" and an "implementation plan." It is succinct, it gives a rationale, it answers the goal question of the issue, it locates the catalytic agency, it gives time schedules, it provides an evaluation of itself, and it suggests contents.

The importance of your role as a State delegate, in assuring that meaningful recommendations are developed as a result of the White House Conference, cannot be overemphasized. The success of the Conference depends upon you, the State delegate, and the degree to which you present meaningful solutions to the National Conference delegates for their consideration in May 1977.

WHITE HOUSE CONFERENCE TOPICS

HEALTH CONCERNS (HEC)

I. Research
II. Technology
III. Diagnosis
IV. Prevention
V. Treatment

SOCIAL CONCERNS (SOC)

I. Attitudes of the General Public Toward Handicapped Individuals

II. Psychological Adjustment of Handicapped Individuals and Their Families

III. Recreation

IV. Participation in Cultural Activities

V. Architectural Accessibility

VI. Transportation Accessibility

VII. Communications: Techniques, Systems, Devices

ECONOMIC CONCERNS (ECC)

I. Employment
II. Economic Opportunity
III. Economic Security

EDUCATIONAL CONCERNS (EDC)

I. Preschool (0-5 years)
II. School Age (5-21 years)
III. Post School (21 years plus)

SPECIAL CONCERNS (SPC)

I. Problems of the Severe Multiple Handicapped

II. Community and Residential Based Housing

III. Service Delivery Systems

IV. Civil Rights of the Handicapped

V. Unique Problems of Handicapped Minorities

VI. Unique Problems of Disabled Veterans

VII. Unique Problems of the Handicapped Aging

SUMMARIES OF
AWARENESS PAPERS AND ISSUES

These Summaries were prepared by subject-matter experts to serve as one resource for discussions leading to solutions of problems facing all individuals with mental and physical handicaps. The Issues were prepared by the White House Conference, with input from consumers, organizations, other technical experts and the National Planning and Advisory Council. The Summaries and Issues were not intended to be all-inclusive, but were designed to stimulate discussion.

The White House Conference on Handicapped Individuals acknowledges, with deep appreciation, the production support from the Naval Ship Engineering Center, U. S. Navy

EDUCATIONAL CONCERNS

Summary and Issues on

FULL EDUCATIONAL OPPORTUNITIES FOR HANDICAPPED INDIVIDUALS

Awareness Paper Prepared By

The Council for Exceptional Children
June Jordan, Ed.D., Editor
Reston, Virginia

FULL EDUCATIONAL OPPORTUNITIES FOR THE HANDICAPPED

SUMMARY OF AWARENESS PAPER

Introduction:

Of the approximately 7 million handicapped children of school age in this country only 40% are receiving an education which is adequate in meeting their special needs. Only 25% of 1 million preschool-aged handicapped children are enrolled in appropriate programs. Additionally, 125,000 handicapped children reside in institutions where educational services are underfunded and sometimes non-existent.

Though handicapped children represent 10%-12% of the school-aged population in this country, many have traditionally been excluded from public schools and forced into isolation in their homes or in institutions. Where they have been admitted to public schools, handicapped children have generally been relegated to separate classrooms "out of sight" of the regular student body.

In the past decade, however, increased consumer pressure has generated a growing recognition--both through litigation and statutory reform--that all children in a democratic society have the right to an adequate education regardless of their level of disability. The most recent declaration of this right appears in Public Law 94-142, the "Education for all Handicapped Children Act," which was signed by President Ford on November 29, 1975.

The provisions of this landmark law embody the reforms which have come to be considered as prerequisites to successful implementation of full educational services for all children. Specific provisions include:

- Assurance of extensive child identification procedures.
- Assurance of "full service" goal and detailed timetable.
- A guarantee of complete due process procedure.
- Assurance of regular parent or guardian consultation.
- Maintenance of programs and procedures for comprehensive personnel development including inservice training.
- Assurance of special education being provided to all handicapped children in the "least restrictive" environment.
- Assurance of nondiscriminatory testing and evaluation.
- A guarantee of policies and procedures to protect the confidentiality of data and information.
- Assurance of the maintenance of an individualized program for all handicapped children.

- o Assurances of an effective policy guaranteeing the right of all handicapped children to a free, appropriate public education, at no cost to parents or guardian.
- o Assurance of a surrogate to act for any child when parents or guardians are either unknown or unavailable, or when said child is a legal ward of the state.

Passing a law and making it work are two separate problems, however. The focus of concern must now be on the development of programs, strategies, and plans to assure that the goals of PL-142 and other similar statutes are met.

Nor should those interested in the education of the handicapped individual rest on the accomplishments of this landmark legislation. Federal legislation will still not furnish hundreds of thousands of pre-school aged handicapped children with all the types of educational services they need. There are few provisions for the continuing education needs of handicapped adult individuals, and for integrated (handicapped/non-handicapped) post-secondary vocational and technical training programs. The modifications of higher education colleges and universities are not guaranteed by any legislation, presently.

It is obvious that much effort will still be required not only to implement new and existing legislation at the Federal, State and local levels but to provide new legislation and regulations for the "gaps", new educational methods, more personnel trained in new ways, and more innovative educational services to provide for the educational needs of all handicapped individuals--individuals of all ages, all handicaps, all types of talents, all different potentials, and all varying expectations. To meet future needs of education for all handicapped, this paper will summarize problems of (a) the Legal Right to Education, (b) Financing the Right, (c) Mainstreaming and the Least Restrictive Alternative, (d) Early Intervention for Pre-School Handicapped Individuals, (e) Education of Severely Handicapped Children, (f) Career Education, (g) Continuing Education, (h) Educational Personnel, (i) Educational Research, and (j) Public Information and Education.

The Legal Right To Education

A number of state and federal court cases have resulted in mandates requiring states to cease the exclusion of handicapped children from public education. This affirmative stance has variously been based on rights outlined in state constitutions, on equal protection grounds (the 14th amendment), and on the basis of denial of due process (the 5th and 14th amendments). Major findings in these cases have included:

1. No one can be excluded from school because of a handicapping condition;

2. States must provide equal education to the handicapped;

3. Children must be served in the most facilitative ("least restrictive") setting possible;

4. Educational services must be tailored to the individual needs of the child;

5. Due process must be afforded to the child and his or her family regarding placement decisions.

Although many consumer and professional organizations have worked long and hard to secure legal recognition of the right to education, many difficult policy and programmatic battles still lie ahead. While the right itself is receiving increasing support, there are still insufficient personnel and funds available for full implementation in most states. Continued pressure on the judicial, legislative, and administrative branches of government will be necessary to bring about the statutory, regulatory and budgetary changes required to create adequate training programs, allocate funds, establish early in intervention programs, expand child fund projects, etc.

Assuming that educational programs are adequately monitored will also require changes in statute and regulation. A combination of peer review, consumer assessment, evaluation of actual student performance, and third party monitoring should all be explored as ways of securing accountability.

Financing The Right

By the 1960's, most states had special education programs, but most were permissive rather than mandatory. By 1972, 41 states had some form of mandatory special education ranging from mandatory programs for specific disability groups to full mandates eliminating all exclusion of the handicapped by 1975, all but two states had some mandatory provisions, and the number of full-mandate states had increased. States which have been most successful in implementing the mandate, however, have been those with the most sizeable tax base. It is still not uncommon to find state priorities placed on those groups which are less costly to serve.

In calculating the costs of full mandatory services, state and local officials are faced with the following considerations:

1. Though total enrollments are declining, the handicapped students being admitted may cost 4-6 times as much as non-handicapped students;

2. Because of the inclusion of severely and multiple handicapped children in school programs, there will be an increasing need for a vast array of specialized and support services;

3. Requirements for individualized planning will necessitate the creation of multidisciplinary teams to evaluate needs and develop programs;

4. The addition of preschool handicapped and young adults between 18 and 21 in the program will also have major cost implications;

5. "Mainstreaming" of children into regular classrooms is not necessarily less expensive than special classes since it may entail inservice training, counselling, physical classroom modification, special equipment, etc.;

6. If larger sums are to be allocated to special education programs, then specific and perhaps expensive accountability mechanisms must be built in to assure quality programming.

In order to augment funding of local special education programs, states have developed a variety of funding mechanisms. Almost all, however, have specific drawbacks. Some formulas encourage segregation, others reward localities for choosing the least expensive programs and still others ignore the differential costs in serving specific handicapped groups. Some method of funding must be developed which encourages mainstreaming while stimulating the development of high quality programs to meet individual needs.

Mainstreaming and the Least Restrictive Alternative

The term mainstreaming is still not adequately understood and should not be viewed as a rigid notion which implies integration of the handicapped at any cost. On the contrary, mainstreaming necessitates the selection of the "most facilitative" (or least restrictive) program available to meet the specific requirements of each child. It recognizes the need to serve children in the most normal circumstances possible, but it is also cognizant of the role of specialized attention in ameliorating specific disabilities. In order to guarantee that realistic choices can be made regarding the most facilitative environment, a continuum of services must be available to meet differing needs. These include regular classrooms, special classes, specialized schools, group homes, hotels, and residential institutions.

A variety of generic support service must also be accessible to maximize independent functioning.

A corollary to "mainstreaming" is parent involvement in the total educational program of the child. This means drawing the parents closer to the educational process in order to elicit their assistance and support. To play this role, state and federal courts have suggested that the following conditions must be present:

1. parents must be informed of the availability of services;

2. parents should be able to appeal any changes in their child's status;

3. parents should have access to any documentation leading to changes in their child's placement;

4. parents have the right to neutral arbitration regarding any disputes;

5. parents should be informed regarding the benefits of their child's progress.

Involvement of parents in educational planning increases their ability to carry on training at home; provides them with knowledge necessary to advocate to their child and the programs; strengthens their parenting skills; and draws upon their unique knowledge of the child as a resource in program development.

In summary, the principles which should guide "mainstreaming" include:

-- Education for exceptional children should be an integral part of the total educational program;
-- Services should emphasize similarities between handicapped and non-handicapped rather than differences;
-- The more progress a handicapped child makes, the easier it is for her or him to utilize regular educational resources;
-- Each child must be served according to his or her needs;
-- Parents should be involved at each stage of the educational progress;
-- The benefits of mainstreaming should be documented in a consistent fashion.

Early Intervention

As a result of a number of longitudinal and epidemiological studies conducted in the past several years, we are now in a position to recognize those conditions and circumstances which are closely associated with handicaps. We know for instance that a disproportionate number of handicapped children live in families with incomes under $4,000. We also know that low birthweight infants are more likely to be developmentally disabled and that almost twice as many low birthweight infants are born in families whose incomes are under $3,000 than in families with incomes over $10,000. Recently, it has also been noted that teenage pregnancies are associated with prematurity and low birthweight.

With this growing body of knowledge, it should be possible to develop early intervention programs directed as specific "risk" populations. Such programs will likely result in a reduction of the number of children who will require long-term intervention.

In order to stimulate the development of early intervention services, the "First Chance" project (Handicapped Children's Early Education Program) was developed in the Bureau of Education for the Handicapped. The program has grown from $1 million and 24 initial projects in 1969-1970, to 200 projects and $22 million in 1975-1976. These projects have served as catalysts for early intervention throughout the country. It is hoped that many of these models will be expanded nationwide.

In the development of early intervention programs, there are several important aspects which should be kept in mind:

1. Timing - Mandatory identification and assessment should begin as early in the child's life as possible to assure timely intervention at various developmental stages;

2. Family Involvement - Education and training of families in the process of developing cognitive motor, and social skills in the young handicapped child should begin as soon after birth as possible. Families must also be given a variety of supports such as respite care, babysitting, homemaker services, etc., in order to help them "cope" with what may be an extremely demanding situation;

3. Mixing handicapped and non-handicapped - Studies have shown that younger handicapped children benefit positively from an association with non-handicapped "role models";

4. Staff - Integration of young handicapped children in non-handicapped pre-school programs does not necessarily require higher staff ratios, but rather teachers versed in developmental skills and who can work with multidisciplinary teams.

5. Curriculum - Successful curricula have relied heavily on inservice training; individualized planning, stress on language development and cognition; and staff involvement in curriculum preparation. It is also important that the curriculum focus on the development of those self-help skills necessary to maintain maximum independence. Additionally, children should be exposed to activities which broaden their sense of the immediate environment.

Severely Handicapped Children

For our purposes, a severely handicapped child is one with multiple impairments or impairments of such severity that they require extraordinary assistance in education or life situations.

Though such children have severe disabilities, it should be kept in mind that the care of their needs is the same as that for mentally handicapped and even non-handicapped youngsters. They require an individualized program; support and affection; social relationships; role models for learning; and the ability to explore their environment.

Their problems, however, are more complicated and exaggerated. For many, their disabilities have been compounded by long stays in institutions where they receive little or no education. The Bureau of Education for the Handicapped has funded some demonstration projects in the area of education for the severely handicapped. It is hoped that PL 94-142 will further stimulate the move from a custodial to educational orientation, and will encourage the development of new techniques to serve this population.

Again, several principles should govern the development of such programs:

1. Early Recognition - Identification and early intervention should begin as soon after birth as possible;

2. Multidisciplinary Approach - In order to meet the multiple needs of the severely handicapped, a variety of professional disciplines must be brought to bear on the development of programs and interventions (medical specialists, language specialists, occupational therapists, physical therapists, counsellors, etc.). In secondary and post-secondary situations, such persons will require the services of career counsellors, specialists in self-help training, etc.;

3. Remedial Attention - For older severely handicapped persons who have been institutionalized or isolated at home with little or no educational program, there is a need for remedial services to aid such individuals in "catching up" and maximizing their potential;

4. Continuum of Services - Because many of the severely disabled will be faced with life-long service needs, there is a need for a continuum of services from school age and beyond;

5. New Skills - Because many of the techniques for serving the severely handicapped will require continued testing and refinement, precise evaluation techniques based on student progress should be developed;

6. Support for Parents - Parents of the severely handicapped need to understand how they can assist their child and also require support services to prevent the need for institutionalization;

Career Education

Career education is considered as an area within the total curriculum which is aimed at participation in an occupation or other productive endeavor. The need for career education for the handicapped is underscored by recent findings which projected the fortunes of handicapped adolescents four years after high school graduation. The results predicted the following:

- 21% (525,000) employed or in college
- 40% (1 million) under-employed and living at the poverty level
- 8% (200,000) in their home communities and mainly idle
- 26% (650,000) - unemployed or on welfare
- 3% (75,000) - totally dependent and institutionalized

These findings are an indictment of current career education attempts in the schools. For too long, we have assumed that the handicapped should be satisfied with any work they can get, and that such persons do not have the same rights as non-handicapped persons to seek an occupation which is compatible with their interests and skills.

A successful career education program should emphasize the strengths of the participants and should emphasize labeling and limitations. This is especially important for the handicapped who have been made painfully aware of their shortcomings. The range of potential among students should also be taken into account in order to gear training to specialized needs.

In addition to training in a specific vocation students must also receive instruction in personal skills, work habits, etc., in order to equip them for changes in their vocational situations and to maximize their level of independence.

Career education should be based on the following considerations:

1. Career education must span the individual's life cycle;

2. Productivity should be defined in both paid and unpaid situations;

3. Goals should be directed at aiding each person to achieve a maximum level of functioning;

4. Programs should emphasize strengths rather than weaknesses;

5. Emphasis should be placed on the development of skills which increase adaptability;

6. Programs should assist the handicapped in making job shifts, acquiring retraining, finding jobs, etc.

In addition to using the resources of the schools in education, business and industry must also be tapped for the provision of job placement, work experience, consultation, etc. If business and industry become involved in the development of curricula and training programs, their reluctance to hire the handicapped can be substantially diminished actual on-the-job experience provided by business and industry can also help to alleviate the fears and insecurities of the handicapped person.

Agencies which have provided some form of career education outside the schools have included local and state vocational rehabilitation programs. The National Advisory Council on Vocational Education, however, recently criticized the vocational rehabilitation program and called for more services to special populations. They also noted that the more severely handicapped were the victims of agency policies which rely on rapid case closures for demonstrations of performance.

In addition to agency policies, other barriers inhibit the prevision of career education. Physical barriers prevent many ambulatory persons from participating in such programs. (Geographical barriers prevent those living in rural areas or in institutions from participating.) Funding also inhibits program expansion. As of 1973, fourteen states were not even spending the minimal 10% required for services to the handicapped under the vocational Education Act of 1968.

Continuing Education

Continuing education is a process by which an individual may at any age level enter into a training program which may further vocational or avocational needs. Given the various and changing nature of our society, continuing education is vital to all of us if we are to continue to adapt to shifting life patterns. The handicapped person is not only faced with the problem of adapting to his environment but also adapting to his handicap. Therefore continuing education is doubly important to such persons. Public education, however, terminates when a person reaches 18 or, at best, 21. Only a handful of agencies outside the schools attempt to meet the continuing need. These services must be expanded as an important aspect of any support system for the handicapped.

Several forces at the state and local level have hampered the expansion of continuing education programs:

1. Mandatory education only goes to a maximum of 21 years;

2. The adult education tradition is not strong in this country;

3. Special educators who might be recruited for continuing education programs are generally trained in work with young children;

4. There is no generally-accepted formula for the development of continuing education programs;

5. There are no adult education systems which must meet the needs of the handicapped in a variety of geographical areas;

6. Programs run by business and industry are not geared to the handicapped.

There are a number of forms of continuing education: training for the employed who want to upgrade skills; leisure education for those whose interests and orientation change; health education to assist persons in self care and securing needed health resources; environmental awareness to assist the handicapped in meeting the demands of daily living; and general education aimed at the attainment of maximum potential.

As mentioned, some agencies are currently providing continuing education to the handicapped. They include vocational rehabilitation, local consumer organizations, and adult education programs. Most of these programs are short-term, however, and are small in scale. Some of the most successful programs are found in day activity centers for the mentally retarded and other disability groups. There is a distinct need to expand these services and the number of options available to the handicapped.

In order to restructure continuing education programs for the handicapped, a concept of the handicapped person as a developing human being with unlimited potential must form the foundation. Individual goals and assessments must be developed and a variety of program offerings must be available from which to choose.

A variety of techniques and approaches can be incorporated.

1. Adult "colleges";
2. Life-span education and rehabilitation centers;
3. Extension of special education to post-secondary settings;
4. Home study;
5. Telecommunications; and
6. Self-help groups.

Several steps can be taken to facilitate the development of such programs:

1. Establish a separate division of continuing education in BEH with specifically earmarked funds;
2. Create a national continuing education center for the handicapped which could provide leadership in creating and demonstrating new techniques;
3. Mandate the provision of special education services throughout the life-span of handicapped persons;
4. Establish and fund self-help groups;
5. Set up short-term workshops and institutes for skills development.

Personnel

There are currently 130,000 teachers serving handicapped children between the ages of 5 and 17 years. It is estimated that 240,000 teachers more will be needed to fully implement the right to education. In addition, 60,000 teachers will be required to meet the needs of the 1 million preschool handicapped children requiring services. The preparation of special education teachers is currently carried out in 400 colleges and universities around the country. Many school districts are also providing inservice training.

Most states recognize 7-8 different areas of concentration in special education including speech correction; educable mentally retarded; trainable mentally retarded; learning disabled; emotionally disturbed; and hearing, visually, and orthopedically impaired. Training programs, generally, are consistent with these categories. Recently, there has been a move to more generic training which combines a number of competencies and which increases the teacher's ability to work with a variety of handicapped groups. As yet, however, there are no national standards regarding certification, but it is predicted that increasing experience with right to education mandates will point new directions regarding a national policy.

In addition to training, serious attention must also be directed to the recruitment problems in particular geographic locations such as rural areas and urban cores. As more states adopt right-to-education laws, these problems will become more pronounced. The difficulty in recruiting specialists is especially crucial in rural communities when handicapped children are dispersed, and travelling is required. To resolve these problems there is a need for an overall regional and/or state plan which sets training and placement priorities. Additionally, monies should be made available to local school districts so that they can purchase training for their own indigenous personnel.

As more and more handicapped children become integrated into regular classrooms, the roles of regular and special education teachers will change accordingly. For instance, special education teachers will be teaming up with regular classroom teachers to provide consultation and support. Over time, the special education teacher may become less identified with particular disabilities and function more broadly as a developmental specialist. Regular teachers through formal training and experience, will become more competent in dealing with exceptional children. Training for special education teachers will probably become less categorical and more integrated with general teacher preparation.

With the emphasis on individual assessment, it is anticipated that schools will develop a greater in-house capability to do diagnostic work thus decreasing the utilization of outside specialists and special centers. All personnel working with the child, including the family, will become involved in the assessment and monitoring process. This will hopefully result in a more comprehensive evaluation of the child, including both the school and home context.

With the inclusion of more severely handicapped children in the schools, there will also be an increased demand for teachers who can work with the severely and profoundly disabled child and also for paraprofessionals who can provide support services.

Research

For our purposes, research should be considered as a controlled scientific process and should not be confused with the development of new teaching techniques. Such research in the area of special education has only been vigorous in the last decade. At this stage, special education can be considered to be in its infancy.

Though research efforts are expanding, the allocation of funding for this purpose is often more responsive to political than to scientific needs.

The proportion of funds devoted to research is also small--in 1973, $4.73 billion was spent federally for services to the handicapped, yet only $120 million went for research. Of this amount, only $10,790 million or less than 9% went for special education research.

The Bureau of the Education for the Handicapped allocates the bulk of research funds in this area, with over half of the funds going to non-categorical and mental retardation research.

Several current needs exist in the area of special education research:

1. Medical research results regarding the causes, identification and treatment of handicaps should be disseminated to teachers, parents, etc.;

2. Information regarding the learning performance of handicapped children should be made available to regular and special education teachers;

3. Additional longitudinal studies should be conducted so that we can better understand the relative importance of various environmental variables (family, programming, early intervention, etc.), in the development of the handicapped person;

4. The balance between biomedical and educational research should be corrected in favor of more basic and applied research;

5. Better mechanisms should be established to disseminate all forms of research findings to personnel planning and developing programs;

6. Practitioners need to be trained in research techniques and the use of research data;

7. Researchers must be instructed in the isolation of important research questions and in the presentation of research findings in a form which is understandable to practitioners.

Public Information and Education

Although acceptance of the need for education of handicapped children has grown since World War II, negative attitudes and misunderstandings still characterize the impression which many people have of the handicapped. These reactions pose barriers to the full acceptance of handicapped people in the community.

Utilizing the media to change such attitudes has been successful in many communities. Programs such as Captain Kangaroo, Sesame Street, and Mr. Roger's Neighborhood have all included programming which stresses the similarities between the handicapped and non-handicapped. Daily and weekly newspapers have also been useful in bringing more information to the public regarding handicapping conditions.

Not only must attitudes be changed regarding the handicapped, but the public should also be educated about the benefits of specific programs including early intervention and "mainstreaming". Employers must be made aware of the positive attributes of potential handicapped employees, and parents must be sensitized regarding the early identification and treatment of handicapping conditions, and the techniques for preventing handicaps.

Increasing efforts should be mounted in the following areas:

1. Information regarding available special education services should be generally disseminated;

2. Physicians must be made aware of the new direction and philosophy in special education;

3. Taxpayers must be acquainted with the positive "investment" they are making in the levels of handicapped persons.

ISSUES

Early Childhood Populations

EDC I-1 In addition to court and federally mandated "right to education" programs, what additional activities and legislation must be initiated to provide all pre-school handicapped children, from birth to five, with appropriate educational provisions?

EDC I-2 In a time of competition for scarce public funds, what innovative approaches can be taken by educators to assure efficient and relatively inexpensive educational intervention for pre-school handicapped children?

EDC I-3 How can the principles of "integration" of the handicapped with the non-handicapped be effectively instituted in programs of pre-school educational intervention?

EDC I-4 Given that there are many adequate models for educating pre-school aged children, how can the provision of services to pre-school handicapped children be rapidly expanded, using these models to insure a high quality of program?

EDC I-5 Knowing that appropriate early education intervention requires the services of a variety of personnel trained in different disciplines, how can interdisciplinary training and teamwork be encouraged and developed through institutions of higher education?

EDC I-6 How can current research results be disseminated to those working directly with pre-school aged handicapped children and their parents?

EDC I-7 How can we break down the attitudinal barriers which may retard the development of responsive educational barriers for pre-school handicapped children?

ISSUES

School Aged Population

EDC II-1 In addition to court and federally mandated right to education programs, what steps must be taken to implement the "right to education" in state and local settings?

EDC II-2 In a time of competition for scarce public funds, what innovative approaches can be taken by education administrators to assure maximum utilization of all available dollars?

EDC II-3 How can the principles of integration of the handicapped (the "most facilitative environment") be translated into appropriate programs for educating handicapped children in the elementary and secondary schools?

EDC II-4 How can we equip local school districts, teachers and other professionals with not only the money but the skills and training necessary to comprehensively educate the severely and/or multiply handicapped school aged child?

EDC II-5 How can we provide the handicapped child in school with the job-related and self-help skills necessary to alleviate a potential problem of later under or un-employment?

EDC II-6 How can interdisciplinary services for the comprehensive education of handicapped children in school be encouraged and coordinated?

EDC II-7 How can current research results be disseminated to those working directly with educating handicapped children, parents, teachers, etc., and what long-range plans are necessary to assure that research funding properties are matched with known needs?

EDC II-8 How can we break down the attitudinal barriers which may retard the development of educational programs for handicapped children?

ISSUES

Post-School Aged Populations

EDC III-1 What legislation or other resources are needed to provide educational services to handicapped individuals of a post-school age?

EDC III-2 In a time of competition for scarce public funds, how can existing dollars and facilities be more efficiently utilized to provide education for adult handicapped individuals?

EDC III-3 How can principles of integration of handicapped with non-handicapped individuals be translated into the "most facilitative" educational program for adults?

EDC III-4 How can we provide, through education, the post-secondary handicapped adult with the job-related and self help skills necessary to alleviate chronic problems of under-employment and unemployment?

EDC III-5 How can we provide the ongoing educational experiences (continuing education) necessary to assist the adult handicapped individual to achieve self-fullfillment and maximum personal attainment throughout their lives?

EDC III-6 How can research answer the needs of the post-school aged handicapped adult, and how can these research results be made known to those educators who need them?

EDC III-7 How can we break down the attitudinal barriers which may retard the development of responsive educational program for adult handicapped individuals?

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